## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

GEMS 8081-080

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |              |                      |                              |                  |         | SMALL ENTITY TYPE OR |                        |                | OTHER THAN<br>SMALL ENTITY |                        |
|---|--|---|--------------|----------------------|------------------------------|------------------|---------|----------------------|------------------------|----------------|----------------------------|------------------------|
| TOTAL CLAIMS  |  |   | 34           |                      |                              |                  |         | RATE                 | FEE                    |                | RATE                       | FEE                    |
| FOR   |  |   | NUMBER FILED |                      | NUMBER EXTRA                 |                  |         | BASIC FEE            | 355.00                 | OR             | BASIC FEE                  | 710.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | 34-minus 20= |                      | . 14                         |                  |         | X\$ 9=               |                        | OR             | X\$18=                     | 252                    |
| INDEPENDENT CLAIMS  |  |   | // minus 3 = |                      |                              |                  |         | X40=                 |                        | OR             | X80=                       | 80                     |
| MU  | LTIPLE DEPEN   | DENT CLAIM PI                                   | RESENT       |                      |                              |                  |         | +135=                |                        | OR             | +270=                      |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |  |   |              |                      |                              | •                | TOTAL   |                      | OR                     | TOTAL          | 1042                       |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                          |  |   |              |                      |                              | 1                | SMALL E | ENTITY               | OR                     | OTHER<br>SMALL |                            |                        |
| AMENDMENT A   |  | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT |              | HIGH<br>NUM<br>PREVI |                              | PRESENT<br>EXTRA |         | RATE                 | ADDI-<br>TIONAL<br>FEE |                | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | .34   | Minus        | ••                   | 34                           | = 0              |         | X\$ 9=               |                        | OR             | X\$18 <del> </del> =       |                        |
|   | Independent  | · 14  | Minus.       | ***                  | 2                            |                  | -       | X40=-                |                        | OR             | X80=                       |                        |
| L   |  | NTATION OF M                                    | ULTIPLE DEI  | PENDEN               | LAIM                         |                  |         | +135=/               |                        | OR             | +270=                      |                        |
|   |  |   |              |                      |                              |                  | 1       | TOTAL<br>ADDIT. FEE  |                        | OR             | TOTAL<br>ADDIT, FEE        |                        |
|   |  | (Column 1)                                      |              | (Colu                | mn 2)                        | (Column 3)       |         |                      |                        |                | ·                          |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |              | NUM<br>PREVI         | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |         | RATE                 | ADDI-<br>TIONAL<br>FEE |                | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus        | **                   |                              | =                |         | X\$ 9=               |                        | OR             | X\$18=                     |                        |
|   | Independent  | •   | Minus        | ***                  |                              | <u> -</u>        |         | X40=                 |                        | OR             | X80=                       |                        |
|   | FIRST PRESE  | NTATION OF M                                    | JLTIPLE DEF  | ENDEN                | CLAIM                        |                  | ال      | +135=                |                        | OR             | +270=                      |                        |
|   |  |   |              |                      |                              |                  | ı       | TOTAL<br>ADDIT, FEE  |                        | OR             | TOTAL<br>ADDIT, FEE        |                        |
|   |  | (Column 1)                                      |              | (Colu                | mn 2)                        | (Column 3)       |         | A0011111111          |                        |                |                            |                        |
| AMENDMENT C   | -  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |              | NUM<br>PREVI         | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |         | RATE                 | ADDI-<br>TIONAL<br>FEE |                | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | <b>3</b>  | Minus        | **                   |                              | =                |         | X\$ 9=               |                        | OR             | X\$18=                     |                        |
|   | Independent  | •   | Minus        | ***                  |                              | =                | ]       | X40=                 |                        | OR             | X80=                       |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |              |                      |                              |                  |         | +135=                |                        | OR             | +270=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |              |                      |                              |                  |         |                      |                        | <b>~</b>       | TOTAL                      |                        |
| ***   | "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEEOH ADDIT. FEE |   |              |                      |                              |                  |         |                      |                        |                |                            |                        |